



CITY OF FRISCO

Your 2015 Worksite Benefits: Accident and Critical Illness



Group Accident Insurance

Group Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

Proposed coverage effective date: January 1, 2015

Cost of coverage paid by: Employee

<u>Plan Description</u>	Class 1
Type of Plan	On/off job Accident
Benefit Option	Medium Plan Design
Covered Conditions	See Schedule of Benefits
<u>Employer Elected Options</u>	
Wellness Benefit	\$50 per insured per calendar year
Family Coverage Options	Employee, Spouse, Child
Rates	Composite
Minimum Number of Applications Required for Policy to Issue	2% of approved adult applications based on total eligible employees
Participation Basis for Base Accident	Guaranteed Issue
Portability	Included
Enrollment Frequency	Anytime/Scheduled
Primary Enrollment Method	Face to Face
New Employee Waiting Period	30 days* *For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.
Present Employee Waiting Period	0 days* *This is the period of time that current employees must be actively employed before they are eligible for coverage .
Credit Prior Service	Included
Minimum Hours for Eligibility	30 hours per week
Pre-Tax Capability	Unum does not support the sale of its Voluntary benefits on a pre-tax basis.

**Schedule of Benefits**

Benefits listed below are payable once per covered accident unless otherwise noted.	
Covered Treatments/Services	
<u>Ambulance</u>	
ground	\$400
air	\$1,500
Appliance	\$100
Blood/Plasma/Platelets	\$400
<u>Chiropractic Care Services</u>	
Chiropractic Treatment	3 visits per covered accident, per calendar year
Chiropractic Care Services Dollar Amount	\$25
Emergency Room Treatment	\$150
Emergency Treatment in Physician Office/Urgent Care Facility <i>Either ER room or Physician/Urgent Care benefit is payable once per covered accident</i>	
Physician	\$75
Urgent Care Facility	\$75
<u>Hospitalization Benefits</u>	
Admission; or	\$1,000
Intensive Care Unit Admission <i>Either Admission or Intensive Care Admission benefit is payable once per covered accident</i>	\$1,500
Confinement (per day up to 365 days per covered accident)	\$200
Intensive Care Unit Confinement (per day up to 15 days per covered accident)	\$400
Medical Imaging Test (MRI, MR, CT, CAT, EEG)	\$200
Outpatient Surgery Facility Service	
Knee cartilage, ruptured disc, tendon/ligament/rotator cuff, eye injury, hernia	\$300
Pain Management (epidural)	\$100
Physician Follow-up Visit	2 visits
Physician	\$75
Urgent Care Facility or Hospital	\$75
Rehabilitation Unit Confinement (per day up to 15 days per covered accident, max of 30 days per calendar year)	\$100
<u>Therapy Services</u>	
Occupational, Physical, or Speech Therapy	10 visits
Therapy Services Dollar Amount	\$25



Benefits & Cost Summary: Group Accident

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<u>Travel (due to covered accident)</u>		
Lodging (per day up to 30 days per covered accident)		\$150
Transportation more than 50+ miles from residence (up to three trips per covered accident; benefit for injured insured only; max 1200 miles per round trip)		\$0.40
Transportation Maximum		\$1,440
Covered Injuries and Surgical Procedures		
<u>Burns</u>		
2nd Degree		
35 or more square inches of the body surface		\$1,000
3rd Degree		
At least 10 square inches, but less than 20 square inches; or		\$2,500
At least 20 square inches, but less than 35 square inches; or		\$5,000
35 or more square inches of the body surface		\$10,000
<u>Burns - Skin Graft</u>		
Skin Graft for 2 nd or 3 rd degree burns		50%
Skin Graft for any other accidental traumatic loss of skin:		
At least 10 square inches, but less than 20 square inches; or		\$150
At least 20 square inches, but less than 35 square inches; or		\$250
35 or more square inches of the body surface		\$500
Coma		\$10,000
Concussion		\$150
<u>Dental (emergency)</u>		
crown		\$300
extraction		\$100
Dislocation (separated joint)	Closed Reduction	Open Reduction
Hip joint	\$3,000	\$6,000
Knee joint (except patella)	\$1,500	\$3,000
Ankle Bone or Bones of the Foot (other than toes)	\$1,200	\$2,400
Collar Bone (sternoclavicular)	\$750	\$1,500
Lower jaw	\$450	\$900
Shoulder	\$450	\$900
Elbow joint	\$450	\$900
Wrist joint	\$450	\$900
Hand (other than fingers)	\$450	\$900
Collar Bone (acromioclavicular and separation)	\$150	\$300
Finger or Toe joint	\$150	\$300
Incomplete dislocation or dislocation reduction without anesthesia - 25% of the applicable amount for closed reduction of joint involved.		
Eye Injury		\$300



Benefits & Cost Summary: Group Accident

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Fracture (broken bone)	Closed Reduction	Open Reduction
Skull (except bones of face or nose), Depressed	\$3,750	\$7,500
Skull (except bones of face or nose), Non-depressed	\$1,500	\$3,000
Hip, Thigh (femur)	\$2,250	\$4,500
Vertebrae, Body of (excluding vertebral processes)	\$1,200	\$2,400
Pelvis	\$1,200	\$2,400
Leg (tibia and/or fibula)	\$1,200	\$2,400
Bones of the Face or Nose (except mandible or maxilla)	\$525	\$1,050
Upper Jaw, Maxilla (except alveolar process)	\$525	\$1,050
Upper Arm between Elbow and Shoulder (humerus)	\$525	\$1,050
Lower Jaw, Mandible (except alveolar process)	\$450	\$900
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$450	\$900
Vertebral Processes	\$450	\$900
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$450	\$900
Kneecap (patella)	\$450	\$900
Foot (except toes)	\$450	\$900
Ankle	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$75	\$150
Chip fracture - 25% of the applicable amount for closed reduction of the bone listed above.		
<u>Knee cartilage</u>		
torn with surgical repair		\$750
exploratory		\$150
<u>Laceration</u>		
Laceration(s) not requiring stitches		\$25
Repaired by stitches:		
total of all lacerations is less than two inches (5.08 centimeters) long		\$75
total of all lacerations is two to six inches (5.08 to 15.24 centimeters) long		\$300
total of all lacerations is greater than six inches (15.24 centimeters) long		\$600
<u>Prosthetic device</u>		
one		\$750
two or more		\$1,500
<u>Ruptured Disc with Surgical Repair</u>		\$800
<u>Surgery</u>		
open abdominal or thoracic		\$1,500
exploratory without repair		\$150
hernia repair		\$150
<u>Tendon, Ligament and Rotator Cuff</u>		
one with surgical repair		\$800
two or more with surgical repair		\$1,200
exploratory		\$150

<u>Accidental Death</u>	
Once per lifetime; if payable, Accidental Death - Common Carrier is not payable	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
<u>Accidental Death - Common Carrier</u>	
Once per lifetime; if payable, Accidental Death is not payable	
Employee	\$150,000
Spouse	\$60,000
Child	\$30,000
<u>Accidental Dismemberment</u>	
Initial Accidental Dismemberment	
One benefit per covered accident; if payable, Initial Accidental Loss is not payable	
loss of both hands or both feet; or	\$15,000
loss of one hand and one foot: or	\$15,000
loss of one hand or foot; or	\$7,500
loss of two or more fingers, toes or any combination: or	\$1,500
loss of one finger or toe	\$750
Catastrophic Accidental Dismemberment	
Once per lifetime; if payable, Catastrophic Accidental Loss is not payable	
loss of both hands or both feet; or	
loss of one hand and one foot	
<i>Prior to age 65</i>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<i>Age 65 - 69</i>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<i>Age 70 and over</i>	
employee	\$25,000
spouse	\$12,500
child	\$12,500
<u>Accidental Loss - Paralysis, Sight, Hearing and Speech</u>	
Initial Accidental Loss	
One benefit per accident; if payable, Initial Accidental Dismemberment is not payable	
Permanent Paralysis, or	\$15,000
loss of sight of both eyes; or	\$15,000
loss of sight of one eye; or	\$7,500
loss of the hearing of one ear	\$7,500
Catastrophic Accidental Loss	
Once per lifetime; if payable, Catastrophic Accidental Dismemberment is not payable	
Permanent Paralysis, or	
loss of hearing of both ears; or	
loss of the ability to speak; or	
loss of sight of both eyes	
<i>Prior to age 65</i>	
employee	\$100,000
spouse	\$50,000
child	\$50,000
<i>Age 65 - 69</i>	
employee	\$50,000
spouse	\$25,000
child	\$25,000
<i>Age 70 and over</i>	
employee	\$25,000
spouse	\$12,500
child	\$12,500
Wellness Benefit (once per insured per calendar year)	
\$50	

Rates and Cost Information

Optional benefit premium is in addition to base premium.

Monthly Premium (includes Wellness)			
Employee	Employee and Spouse	Employee and Child	Employee, Spouse and Child
\$17.77	\$29.30	\$32.08	\$43.61

Spouse issue ages 17 through 64 years. Dependent Children issue ages are newborn up to their 26th birthday or through the maximum coverage age defined in the policy.

Rate Guarantee	2 Years (subject to the policy terms)
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Underwritten by the following subsidiary of Unum Group:

Unum Life Insurance Company of America
2211 Congress St., Portland, ME 04122



Group Critical Illness Insurance

Critical Illness insurance is designed to help employees offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness. The Critical Illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy.

Proposed coverage effective date: January 1, 2015

Cost of coverage paid by: Employee

<u>Plan Description</u>	Class 1
Type of Plan	Critical Illness with Cancer Option
Covered Conditions	<p>For Critical Illness with Cancer: Cancer, Carcinoma in Situ (25%), Heart Attack, Coronary Artery Bypass Surgery (25%), Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Permanent Paralysis as the result of a Covered Accident, Coma as the result of Severe Traumatic Brain Injury, Blindness, Benign Brain Tumor, Occupational HIV.</p> <p>Additional Covered Conditions for Dependent Children: -Cerebral Palsy -Cleft Lip or Palate -Cystic Fibrosis -Down Syndrome -Spina Bifida</p>
Family Coverage Options	<p>Employee/Child, Spouse</p> <p>Note: Child coverage automatically included with Employee coverage</p>
Coverage Amount	<p>Employee - \$5,000 to \$50,000 in increments of \$1,000</p> <p>Spouse - \$5,000 to \$30,000 in increments of \$1,000</p> <p>Child - 25% of Employee Coverage Amount</p>
Rates	Issue age, unisex, tobacco distinct
Benefit Reduction	Benefit reduces by 50% on the policy anniversary date following the insured's 70 th birthday
Minimum Number of Applications Required for Policy to Issue	2% of approved adult applications based on total eligible employees
Participation Basis	Guaranteed Issue: GI is available from application one. Should participation at the initial enrollment event not meet the expected participation level, the Underwriting Offer may be changed for future enrollments.



Benefits & Cost Summary: Group Critical Illness

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Plan Description	Class 1
Evidence of Insurability (Health Questions)	<p>Employee/Spouse</p> <p>Health questions are not required for amounts up to the guaranteed issue limit of \$20,000 for the employee and \$10,000 for the spouse.</p> <p>Health questions are required for amounts greater than the guaranteed issue limit for the employee and spouse.</p> <p>Dependent Children are covered for 25% of the Employee coverage amount without Evidence of Insurability.</p>
Pre-existing Condition Period	N/A
Benefit Waiting Period	N/A
Recurrence Benefit	<p>100% of the coverage amount.</p> <p>The Recurrence Benefit provides for an additional payout for a subsequent occurrence of benign brain tumor, coma, heart attack or stroke.</p>
Wellness Benefit	\$50 per insured per calendar year.
Employee Elected Options	
Critical Illness Coverage Amount	Included
Spouse Coverage	Included
Cancer Coverage	Included
Minimum Hours for Eligibility	30 hours per week
New Employee Waiting Period	<p>30 days*</p> <p>*For new employees who complete their waiting period on or after the plan effective date, coverage will begin on the first of the month following the date they are approved by Unum which is the first of the month payroll deductions begin.</p>
Present Employee Waiting Period	<p>0 days*</p> <p>*This is the period of time that current employees must be actively employed before they are eligible for coverage.</p>
Credit Prior Service	Included
Portability	Included
Primary Enrollment Method	Face to Face
Enrollment Frequency	Anytime/Scheduled
Pre-Tax Capability	Unum does not support the sale of its Voluntary benefits on a pre-tax basis.



Benefit With Cancer

Monthly Rates per \$1,000:

Issue Ages	Non-Tobacco	Tobacco
< 25	.70	1.07
25 - 29	.77	1.28
30 - 34	1.01	1.81
35 - 39	1.37	2.65
40 - 44	1.95	3.88
45 - 49	2.68	5.37
50 - 54	3.53	7.16
55 - 59	4.65	9.12
60 - 64	5.96	10.93
65 - 69	6.70	11.39
70 +	12.01	18.36

Examples of Calculating Base Monthly Cost:

	Age		Benefit Amount		Unit Per \$1000		Rate		Monthly Cost
Employee	40	@	\$5,000	/	1000	X	1.95	=	\$9.75
	Age		Benefit Amount		Unit Per \$1000		Rate		Monthly Cost
Employee	40	@	\$10,000	/	1000	X	1.95	=	\$19.50
	Age		Benefit Amount		Unit Per \$1000		Rate		Monthly Cost
Employee	40	@	\$15,000	/	1000	X	1.95	=	\$29.25
	Age		Benefit Amount		Unit Per \$1000		Rate		Monthly Cost
Employee	40	@	\$20,000	/	1000	X	1.95	=	\$39.00
	Age		Benefit Amount		Unit Per \$1000		Rate		Monthly Cost
Employee	40	@	\$25,000	/	1000	X	1.95	=	\$48.75

Above examples may differ from your actual benefit amount.

Wellness Benefit - Monthly Rate per \$25	
Employee and Children	.80
Spouse	.80

Spouse issue ages are 17 through 64. Dependent Children issue ages are newborn up to their 26th birthday or to the maximum coverage age defined in the policy.

Rate Guarantee	2 Years (subject to the policy terms)
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THIS IS A LIMITED POLICY

Underwritten by the following subsidiary of Unum Group:

Unum Life Insurance Company of America
2211 Congress St., Portland, ME 04122



Exclusions

Unum will not pay any benefits for a claim that is caused by, contributed to by or occurs as a result of:

- participating in war or act of war, whether declared or undeclared;
- committing acts of terrorism;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- engaging in hang-gliding, bungee jumping, sailgliding, parasailing, parakiting;
- participating or attempting to participate in a felony, being engaged in an illegal occupation or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity including any treatment for allergic reactions. Unum also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.

In addition to the Exclusions listed above, Unum will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for the following injuries that are caused by or are the result of:

- an insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- injuries to a dependent child received during the birth.